$\hbox{{\tt HOSPITALITY NURSING \& REHABILITATION CENTER}}$

8633 32ND AVENUE

KENOSHA 53142 Phone: (262) 694-8300)	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	133	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	133	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	125	Average Daily Census:	127

Age, Gender, and Primary Diagnosis	of Residents (12/3	31/05)		Length of Stay (12/31/05)	용
Primary Diagnosis	%	Age Groups	* 	 Less Than 1 Year 1 - 4 Years	52.8 30.4
Developmental Disabilities	0.0	Under 65	9.6	More Than 4 Years	16.8
Mental Illness (Org./Psy)	1.6	65 - 74	8.0		
Mental Illness (Other)	1.6	75 - 84	43.2		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	33.6		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.6	Full-Time Equivalent	
Cancer	3.2			Nursing Staff per 100 Resid	ents
Fractures	8.8		100.0	(12/31/05)	
Cardiovascular	14.4	65 & Over	90.4		
Cerebrovascular	3.2			RNs	6.0
Diabetes	2.4	Gender	8	LPNs	10.2
Respiratory	9.6			Nursing Assistants,	
Other Medical Conditions	55.2	Male	24.0	Aides, & Orderlies	40.5
		Female	76.0		
	100.0			İ	
			100.0		

Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	!		amily Care		İ	Managed Care	Į.		
Level of Care	No.	્ર	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	8	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 6	7.6	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	4.8
Skilled Care	33	100.0	218	66	83.5	125	1	100.0	125	8	100.0	218	0	0.0	0	4	100.0	218	112	89.6
Intermediate				7	8.9	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	5.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	33	100.0		79	100.0		1	100.0		8	100.0		0	0.0		4	100.0		125	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit:	ions, Services	, and Activities as of 12	2/31/05
Deaths During Reporting Period							
				9	% Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	5.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		83.2	16.8	125
Other Nursing Homes	0.7	Dressing	5.6		78.4	16.0	125
Acute Care Hospitals	92.6	Transferring	13.6		77.6	8.8	125
Psych. HospMR/DD Facilities	0.0	Toilet Use	13.6		80.8	5.6	125
Rehabilitation Hospitals	0.0	Eating	65.6		28.0	6.4	125
Other Locations	0.2	********	******	*****	******	* * * * * * * * * * * * * * * * * * * *	********
Total Number of Admissions	406	Continence		8	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	15.2	Receiving 1	Respiratory Care	12.0
Private Home/No Home Health	56.4	Occ/Freq. Incontiner	ıt of Bladder	47.2	Receiving '	Tracheostomy Care	0.8
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	it of Bowel	40.0	Receiving	Suctioning	0.0
Other Nursing Homes	5.4				Receiving (Ostomy Care	0.8
Acute Care Hospitals	21.3	Mobility			Receiving '	Tube Feeding	7.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.8	Receiving 1	Mechanically Altered Diet	s 21.6
Rehabilitation Hospitals	0.0						
Other Locations	2.7	Skin Care			Other Reside	nt Characteristics	
Deaths	14.1	With Pressure Sores		12.0	Have Advan	ce Directives	20.8
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	404				Receiving :	Psychoactive Drugs	48.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	૾ૄ	8	Ratio	%	Ratio	ે	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.5	85.8	1.11	90.1	1.06	88.8	1.08	88.1	1.08
Current Residents from In-County	84.8	81.3	1.04	84.9	1.00	83.2	1.00	77.6	1.09
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Admissions from In-County, Still Residing	13.8	16.8	0.82	18.1	0.76	18.7	0.74	18.1	0.76
Admissions/Average Daily Census	319.7	216.2	1.48	188.0	1.70	177.7	1.80	162.3	1.97
Discharges/Average Daily Census	318.1	217.8	1.46	191.1	1.66	179.2	1.78	165.1	1.93
Discharges To Private Residence/Average Daily Census	179.5	100.9	1.78	87.1	2.06	83.4	2.15	74.8	2.40
Residents Receiving Skilled Care	94.4	97.2	0.97	96.6	0.98	96.3	0.98	92.1	1.03
Residents Aged 65 and Older	90.4	91.5	0.99	90.0	1.00	91.3	0.99	88.4	1.02
Title 19 (Medicaid) Funded Residents	63.2	61.7	1.02	62.3	1.01	61.8	1.02	65.3	0.97
Private Pay Funded Residents	6.4	19.4	0.33	20.8	0.31	22.5	0.28	20.2	0.32
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Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	3.2	28.9	0.11	34.5	0.09	34.8	0.09	32.9	0.10
General Medical Service Residents	55.2	23.7	2.33	22.0	2.51	23.0	2.40	22.8	2.42
Impaired ADL (Mean)	45.8	47.9	0.96	48.8	0.94	48.4	0.94	49.2	0.93
Psychological Problems	48.0	59.1	0.81	59.9	0.80	59.5	0.81	58.5	0.82
Nursing Care Required (Mean)	6.8	7.1	0.96	7.3	0.94	7.2	0.95	7.4	0.92